DOCUMENT RESUME

ED 328 027 EC 233 241

TITLE The Status of Handicapped Children in Head Start Program. Fifteenth Annual Report of the U.S. Department of Health and Human Services to the Congress of the United States on Services Provided to Children with Disabilities in the Head Start Program.

INSTITUTION Administration for Children, Youth, and Families (DHHS), Washington, DC. Head Start Bureau.

PUB DATE 89

NOTE 47p.; For the Fourteenth Annual Report, see ED 297 559.

PUB TYPE Reports - Descriptive (141)

EDRS PRICE MF01/PC02 Plus Postage.

DESCRIPTORS *Disabilities; *Early Intervention; Educational Diagnosis; *Educational Practices; *Federal Programs; Human Services; *Incidence; Mainstreaming; Parent Education; *Preschool Children; Preschool Education; Therapy

IDENTIFIERS *Project Head Start

ABSTRACT

This report discusses the status of children with disabilities mainstreamed into full-year Head Start programs in 1986-1987, based on the Program Information Report survey completed by each program. Nationally, children with disabilities totalled 65,276, comprising 12.7% of the Head Start enrollment. All programs reported serving at least one child with disabilities. Primary disabling conditions, from most to least frequent, were speech impairments, health impairments, learning disabilities, physical disabilities, mental retardation, serious emotional disturbances, hearing impairments, visual impairments, deafness, and blindness. Services provided by Head Start staff included individualized teaching, speech therapy and language stimulation, and transportation. Special services provided by other agencies included medical and psychological diagnosis, evaluation or testing, speech therapy and language stimulation, and medical treatment. Services provided to parents included counseling, referrals to other agencies, home visits, parent conferences, transportation, literature and special teaching equipment, workshops, medical assistance, and special classes. Appendices contain a summary of diagnostic criteria for reporting children with disabilities, a description of the Resource Access Project Network, and results of a survey on children with disabilities in Head Start by state. (JDD)

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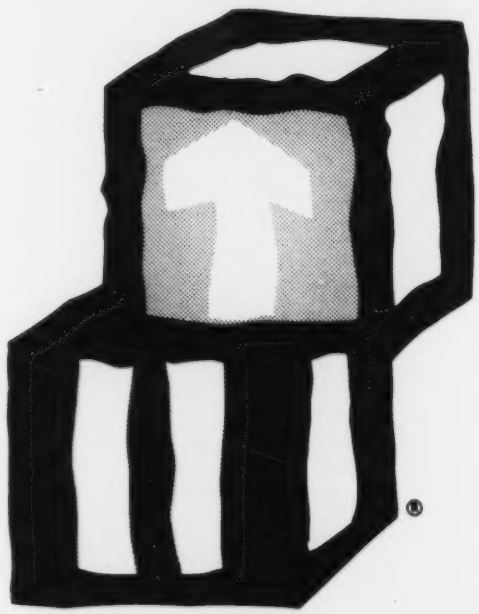
ED328027

The Status of Handicapped Children in Head Start Programs

Fifteenth Annual Report of the U.S. Department of Health and Human Services to the Congress of the United States on Services Provided to Children with Disabilities in the Head Start Program

1989



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THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

FOREWORD

Head Start provides educational, medical, nutritional, dental and mental health services for children from low-income families, along with parent involvement and social services for their parents. In the 1986-1987 program year, comprehensive developmental services were provided to 515,005 children. Of these, the number of children with disabilities served was 65,276, or 12.7 percent of the total enrollment. As they have each year since 1972, Head Start programs worked hard to identify and serve children with disabilities during their important preschool years.

This Administration is committed to maintaining and expanding its support to Head Start, believing that it gives children from low-income families a better start in life. For children with disabilities, opportunities to learn, to play and to interact with children without disabilities and to be part of a comprehensive program such as Head Start are especially important. For the past 25 years, Head Start has been available and accessible to many of these children.

Community-based services and the working relationships which Head Start has developed with other agencies and organizations, such as local public schools and health providers, are critical to Head Start's success. These relationships have augmented the special services for children with disabilities which Head Start provides directly. They have played an important part in enabling Head Start to increase the number of children with disabilities it serves from 22,807 in 1972 to 65,276 in 1987. In addition, 48 interagency agreements with State Education Agencies were in place in 1987, indicating the acceptance of Head Start as a full partner in providing preschool services for children with disabilities. I commend the Head Start program for its special achievements in serving the interest of economically disadvantaged families and the special needs of children with disabilities.

Louis W. Sullivan

Louis W. Sullivan, M.D.
Secretary

SUMMARY

Section 640(d) of the Head Start Act, as amended [42 U.S.C. 9835(d)], requires "that for fiscal year 1982 and thereafter no less than 10 percent of the total number of enrollment opportunities in Head Start programs in each State shall be available for handicapped children, and that services shall be provided to meet their special needs." The Head Start Program met this mandate for the 1986-1987 program year in each of the States except Alaska, which served 9.5 percent. Puerto Rico, the Trust Territories of the Pacific, the American Indian Programs, and the Migrant Programs met the goal. The District of Columbia, however, served only 7.4 percent and the Virgin Islands 9.6 percent.

Nearly all grantees completed the Program Information Report (PIR), which provides information about children with disabilities, for the 1986-1987 program year. Analysis of the PIR data shows that Head Start nationally achieved a 12.7 percent level of enrollment of children with professionally diagnosed disabilities.

The enrollment and mainstreaming of children with disabilities has become a characteristic feature of local Head Start programs. In 1987, all Head Start programs reported serving at least one child with disabilities. Head Start continues to be the largest program that integrates preschool children with disabilities in group experiences with non-disabled children on a systematic basis, i.e., that mainstreams preschool children with disabilities.

Preschool programs that integrate children with disabilities give disabled children a chance to learn and play with children who will someday be their co-workers, friends, and neighbors. Both groups benefit most from being together on a regular basis during the years when their attitudes and perceptions of themselves and others are most pliable. In addition, the child with disabilities begins to develop a sense of control over his or her own life and an ability to function among other people in spite of a disability.

This report is based on data from the PIR which was completed by Head Start programs in June 1987. Therefore, the data used in this report are frequently cited as 1987 data, although the report covers program year 1986-1987.

Highlights are:

- The number of children with disabilities served by Head Start programs increased from 64,994 in the previous year to 65,276 in 1987 -- an increase of 282.

- Children professionally diagnosed as disabled increased to 12.7 percent of the total enrollment in full year programs in 1987. By comparison, in 1986, children professionally diagnosed as disabled accounted for 12.5 percent of total enrollment.

- In 1987, all Head Start programs had enrolled at least one disabled child.

- In 1987, Head Start programs reported that they were unable to enroll 3,355 potentially eligible children with disabilities located by them or referred to them. The reasons most frequently reported were that the children did not fit the age requirements or that there were no vacancies. In 1986, programs reported that they were unable to enroll 4,022 children with disabilities.

- The distribution of children with disabilities in Head Start, categorized by primary disabling condition, is: 64.2 percent speech impaired, 11.3 percent health impaired, 5.3 percent specific learning disability, 4.9 percent physically disabled, 4.7 percent mentally retarded, 4.6 percent seriously emotionally disturbed, 2.5 percent hearing impaired, 2.1 percent visually impaired, 0.2 percent deaf, and 0.2 percent blind.

- In 1987, 17.1 percent of the children with disabilities enrolled in the Head Start programs had multiple disabling conditions. This reflected a slight decrease from 18.5 percent in 1986.

Head Start programs reported that special education or related services are provided to children with disabilities by Head Start staff. These include individualized teaching, speech therapy and language stimulation, and transportation. Special services were also provided to Head Start children by other agencies. Examples include medical and psychological diagnosis, evaluation or testing, special therapy and language stimulation, and medical treatment. Head Start programs also reported that the following special services were provided to parents of children with disabilities:

counseling, referrals to other agencies, visits to homes or hospitals, parent conferences with technical staff and other parent meetings, transportation, literature and special teaching equipment, workshops, medical assistance, and special classes.

Head Start programs reported working with other agencies in several ways:

- Thirty-two percent of the children with disabilities, or 20,866 children, were professionally diagnosed prior to the beginning of the program year. Some of these children were referred from other agencies and some had received services in Head Start the previous year.

- Sixty-one percent of the children received special education or related services from other agencies. Of these children, the overwhelming majority (ninety-six percent) received special education and related services from a combination of Head Start and other agencies.

- There were 48 agreements with State Education Agencies, 1,536 written or informal agreements with local education agencies and 1,510 written or informal agreements with other agencies regarding services for children with disabilities.

In 1987, Head Start continued its strong emphasis on meeting the needs of children with disabilities. Local programs continued to cooperate with other agencies to make maximum use of limited resources and to provide the appropriate special services which have become hallmarks of Head Start.

CHAPTER 1

Children With Disabilities in Head Start

A. Purpose of This Report

This is the Fifteenth Annual Report to the Congress on Head Start Services to Handicapped Children. Pursuant to Section 640(d) of the Head Start Act, as amended [42 U.S.C. 9835(d)], the purpose of this report is to inform the Congress of the status of children with disabilities in Head Start programs, including the number of children being served, their disabling conditions and the services being provided to them.

This report discusses the status of children with disabilities in full year Head Start programs in 1986-1987. It is based on the Program Information Report (PIR) survey for that year, a survey to which all programs responded. In 1987 Head Start programs were funded to serve 453,963 children. However, the total number of children who were served during the year was 515,005. This total enrollment figure includes children who were enrolled for less than a full year but received some services, and is the base figure used to calculate the percentage of children with disabilities served.

Almost all Head Start programs are full year programs that operate eight to twelve months of the year. Thirty-five Parent and Child Centers (designed to serve children 0 to three years of age and their families) were included in the 1986-1987 PIR survey for the second time.

B. Background Information

The following information on the Head Start program describes the context in which special services are provided. In 1987, Head Start enrolled one out of six income-eligible preschool children. A full range of ethnic groups was represented, with 4 percent of the children being American Indian, 22 percent Hispanic, 39 percent black, 32 percent white and 3 percent Asian.

The diversity of Head Start's children is also shown by the array of their dominant languages. Programs reported that, in the 1986-1987 program year, English was not the dominant language for 101,060 children (19.6 percent of those enrolled). Among these children, Spanish was the most frequently used language (80,699), followed in descending

order by Vietnamese (2,286), Hmong (1,515), Chinese (1,412), Cambodian (1,412), Haitian (1,352), French (271), Korean (229) and Japanese (46). Particularly noteworthy is the fact that, for 11,616 additional children, other (unspecified) languages were dominant. The diversity of dominant languages makes more difficult the challenge of screening, assessing and providing appropriate services for children with disabilities.

Each Head Start program carries out a community needs assessment and is encouraged to use non-Head Start resources in the community, saving scarce resources for services not available elsewhere. Head Start agencies are required to establish procedures to obtain payment for services provided to children from other agencies which are responsible for those services as stated in Section 642(b)(4) of the Head Start Act, [42 U.S.C. 9837(b)(4)]. With respect to medical or dental services, payments may not be made with Head Start funds if funding is available from non-Head Start sources [45 C.F.R. 1304.3-4(a)(1)]. Fifty-one percent of the Head Start children are enrolled in the Medicaid/Early Periodic Screening Diagnostic and Treatment (EPSDT) program which pays for medical and dental services. Ninety-three percent of the Head Start families received social services from Head Start and/or through referrals to other agencies.

For every five children enrolled, at least four Head Start parents are providing a volunteer service. More than 32 percent of the staff are parents of current or former Head Start children, and many parents have built upon their experiences in Head Start to enter other career fields.

It has been estimated that there are 250,000 Head Start eligible children with disabilities of preschool age, three to five, in the United States. Although there are various programs available to assist children with disabilities, Head Start makes a notable contribution, particularly for those children with disabilities who can benefit from a comprehensive developmental experience in a mainstream setting, one that integrates disabled and non-disabled children. The number of children with disabilities enrolled in Head Start has risen since 1973 (when the data from the PIR were first reported) from 22,807 to 65,276 children with disabilities in the 1987 program year.

Children with disabilities enrolled in Head Start programs received the full range of child development services required for all children in the Head Start Program Performance Standards [45 CFR 1304]. These include

education, parent involvement, social services, and nutrition and health services (medical, dental, nutrition and mental health). In addition, they received the special education and related services required by the Head Start legislation. The Head Start programs reported special efforts to enroll and serve more severely disabled children. Programs provided assessment and diagnosis by professionals to evaluate accurately the nature and severity of each child's disability in order to serve the child most effectively.

Head Start programs are also involved in several national efforts to serve children with disabilities. Under the Education for All Handicapped Children Act of 1975 (P.L. 94-142), each State's allocation figures are based on the number of children with disabilities, 3 through 21 years of age, currently being served [20 U.S.C. 1411(a)(1)(A)]. As a major provider of services to preschool children with disabilities, Head Start program personnel work with local education agencies to ensure that children who have been professionally diagnosed as disabled and who are receiving Head Start services are included in the State "Child Count" [34 C.F.R. 300.750]. In addition, Head Start programs coordinate their searches for unserved children with disabilities with the Statewide "Child Find" efforts required under P.L. 94-142 [34 C.F.R. 300.220]. Head Start personnel also utilize other resources such as the Crippled Children Program, Title V of the Social Security Act.

The Administration for Children, Youth and Families (ACYF) has funded a network of projects called Resource Access Projects (RAPs) to provide training and technical assistance to Head Start grantees to enable them to serve children with disabilities and their families. In 1977, an interagency agreement between ACYF and the Office of Special Education Programs in the Department of Education designated the RAPs as liaisons between Head Start and the State Education Agencies (SEAs). The RAPs have been facilitating the participation of Head Start grantees in the development of State plans for preschool children with disabilities as supported under P.L. 94-142 and the 1986 Amendments, P.L. 99-457.

Formal collaborative agreements describing how Head Start and SEAs will coordinate services to preschool children with disabilities are now in place in 48 States and territories.

The RAP training is based on an annual needs assessment. The training includes the use of eight program manuals designed to assist teachers, parents, and others, (such as diagnosticians and therapists), in mainstreaming children with disabilities. The series was developed in collaboration with teams of national experts and Head Start teachers under the direction of the Head Start Bureau.

Parent involvement is a keystone of the Head Start program. Parents have opportunities to participate actively on policy councils, to volunteer in the program for the children, and to learn about child development and disabling conditions.

To ensure appropriate special services and optimal transition by disabled Head Start children into public school, Head Start personnel help parents participate in developing an Individualized Education Program (IEP) for each disabled child. Since the 1985-1986 program year, ACYF has placed added emphasis on the successful transition of all children from Head Start into public school or other placements. In 1986, ACYF established a National Interagency Steering Committee on Transition of Preschoolers Into Public School. The Committee developed materials to help staff and parents during a time of change, which is often stressful. ACYF continued to disseminate these materials during the 1986-1987 program year.

The RAPs have developed complementary materials to assist in the smooth transition of children with disabilities.

C. Overview of Head Start Policies on Services to Children with Disabilities

Section 640(d) of the Head Start Act [42 U.S.C. 9835(d)] requires "that for fiscal year 1982 and thereafter no less than 10 percent of the total number of enrollment opportunities in Head Start programs in each State shall be available for handicapped children and that services shall be provided to meet their special needs." The data presented here reflect Head Start efforts in responding to this legislative mandate.

In addition, the Head Start Act specifies the definition of children with disabilities provided in paragraph (1) of section 602 of P.L. 91-230, the Education of the Handicapped Act, as amended, [20 U.S.C. 1401(a)(1)]. That Act defines the term handicapped children as "mentally retarded, hard of hearing, deaf, speech or language impaired, visually handicapped, seriously emotionally disturbed, orthopedically impaired, or other health impaired children, or children with specific learning disabilities, who by reason thereof require special education and related services." Children with disabilities must meet the eligibility requirements for Head Start programs. Eligibility refers to the ages of the participating children (between three years and the age of compulsory school attendance) and family income (at least 90 percent of the children must be from low-income families, including families receiving public assistance).

All Head Start programs must meet the requirements of the Program Performance Standards as specified in the regulations [45 CFR 1304]. While these regulations clearly define the services to be provided to non-disabled children, they state that programs must be individualized to meet each child's needs. However, no standards have ever been set forth in regulations for services for children with disabilities and their families in Head Start. Based on the definition of children with disabilities, guidance for services to children with disabilities and services to meet the special needs of their parents was distributed to grantees between 1973 and 1980. This was accomplished through various transmittal memoranda and other ACYF policy issuances on such topics as diagnostic criteria.

During the 1984-1986 program years, grantees requested that ACYF consolidate and complete performance standards for services for children with disabilities to complement the general Program Performance Standards. Extensive consultation was held with the field concerning the adequacy and usefulness of the current diagnostic criteria and on the comprehensiveness of the current guidance on services to children with disabilities. Head Start directors, coordinators, professional organizations, and technical assistance providers of Head Start services for children with disabilities provided suggestions, comments and recommendations. The comments indicated that regulations should be developed. The development of draft standards was undertaken in 1986-1987. Draft standards were published in the Federal Register for comment in October 1988. Comment letters are currently being analyzed.

Another development which affects Head Start services for children with disabilities was the passage of P.L. 99-457, the Education of the Handicapped Amendments of 1986. This landmark legislation mandates State Education Agencies to serve all three, four and five year old children with disabilities by the 1990-1991 school year. The right to a free, appropriate education is extended to these children. Children may be served directly or through contracts. States also were offered funds to plan for service beginning at birth by 1990-1991. At-risk children from birth to age three can be served at State discretion. The Head Start Bureau and RAPs disseminated information to all programs concerning this legislation and its family-centered approach. The legislation is noteworthy because of its emphasis on interagency coordination. In response to this legislation, which requires that existing services continue to be provided by all agencies serving young children with disabilities and their families, a Federal Interagency Coordinating Council was established. Head Start serves as an active partner on this Council.

The Head Start Bureau has consistently given priority to assisting local Head Start programs to identify, recruit, and serve children with disabilities. These efforts are consistent with Head Start's philosophy of responding to the unique needs and potential of each child and his or her family. Head Start policies that relate to children with disabilities are:

1. Outreach and Recruitment - Head Start programs are required to develop and implement outreach and recruitment activities, in cooperation with other community groups and agencies serving children with disabilities, in order to identify and enroll children with disabilities who meet eligibility requirements and whose parents desire the child's participation. No child may be denied admission to Head Start solely on the basis of the nature or extent of a disabling condition unless there is a clear indication that such a program experience would be inappropriate for the child.

2. Needs Assessment, Screening and Diagnosis - Needs assessment, screening and diagnostic procedures utilized by Head Start programs address all disabilities specified in the legislation in order to provide an adequate basis for special education, treatment and related services. Head Start programs must ensure that the initial identification of a child as disabled is confirmed by professionals trained and qualified to assess disabling conditions. Assessment must be carried out as an ongoing process that takes into account the child's continuing growth and development. Careful procedures are required, including confidentiality of program records, to ensure that no child or family is mislabeled or stigmatized with reference to a disabling condition. Emphasis is placed on ensuring that the needs of all eligible children with disabilities are accurately assessed in order to form a sound basis for meeting those needs.

3. Diagnostic Criteria and Reporting - In 1975, Head Start, the Office of Special Education Programs (formerly the Bureau of Education for the Handicapped) in the Department of Education, and other agencies that serve children with disabilities reviewed the criteria then being used by Head Start

for reporting purposes. Based on that review, an expanded set of criteria was developed which includes the addition of a "learning disabilities" category in order to be consistent with P.L. 94-142, the Education for All Handicapped Children Act of 1975, as amended, [20 U.S.C. 1401(1)(15)]. The revised criteria also clarified the reporting of "multiple handicaps." Furthermore, the criteria were specifically tailored to the developmental levels of the preschool population, aged three to five.

In 1978, malnutrition was deleted from the "health impairment" category. A careful review of this category indicated that the inclusion of severe malnutrition was inconsistent with other conditions included under "health impairment." Since then, malnutrition has been dealt with as part of the overall health services reporting and evaluation.

Since program year 1981-1982, the reference to "autistic" children has been deleted from the category "serious emotional disturbance" and added to the category "health impairment" for the subsequent reporting of children with disabilities in Head Start. This was done in accordance with the regulation issued in January 1981 by the Secretary of the Department of Education that made changes in the definition of "handicapped children" under Part B of the Education of the Handicapped Act.

Appendix A presents the diagnostic criteria used in reporting disabling conditions of the children in 1986-1987 Head Start programs.

Head Start policy distinguishes between two groups of children: (1) Those children who are disabled as defined in the legislation and who, by reason of their disability, require special education and related services (see Appendix A), and (2) Those children who have correctable conditions (e.g. children whose vision with eyeglasses is normal or nearly so) and who do not require special education services. The purpose of making this distinction is so that only children who require additional education or support services will receive special services to help overcome the effects of the disability. Only such children can be counted for

the purpose of the ten percent enrollment opportunities requirement. Head Start considers as disabled only the children who need special services, namely those whose disability cannot be corrected or ameliorated without special education or related services. Children with minimal or other problems, such as a delay caused by lack of experiences which can be overcome by regular Head Start programming, but who do not require special education services, will continue to receive appropriate Head Start services but are not considered as part of the Congressionally mandated enrollment target. For example, the category "speech impairment" states that "conditions of a transitional nature consequent to the early developmental processes of the child" are not to be considered as a disability.

4. Severely Disabled Children - Severely disabled children are enrolled in Head Start when the professional diagnostic resource recommends that the placement would be appropriate for the child.

   Some of the children with severe disabilities have been referred from other agencies to Head Start so that they can participate in a mainstream developmental environment. This opportunity for severely disabled children to learn and play with non-disabled children is vital to their optimal development.

   Placement is made on the basis of the child's Individual Education Program (IEP). Certain severely disabled children (e.g., the profoundly retarded) require intensive special services on a one-to-one basis which often cannot be provided in a mainstream setting with non-disabled children. Many severely disabled children have been successfully integrated, some on a part-time basis or by dual enrollment with other organizations.

5. Services for the Disabled Child - Head Start grantees and delegate agencies must ensure that all children with disabilities enrolled in the program receive the full range of comprehensive services available to non-disabled Head Start children, including provision for participation in regular classroom activities. These services -- education; social services; parent involvement; and health services (including medical, dental, mental health

and nutrition) -- should consider the child's needs, his or her developmental level and family circumstances. In addition, special education services and support services are provided to meet the unique needs of the individual disabled child.

6. Mainstreaming - Since its beginning in 1965, Head Start has maintained a policy of open enrollment for all eligible children, including children with disabilities. As was noted in the Head Start Manual of September 1967, "Head Start encourages the inclusion of mentally or physically handicapped preschool children in an integrated setting with other Head Start children." The legislative requirement that a specific portion of the enrollment opportunities be available to children with disabilities is consistent with Head Start's approach of serving children with disabilities in a mainstreamed setting. This mainstream experience of learning and playing with non-disabled children helps foster a positive self-image and assists the child with disabilities in realizing his or her potential.

7. Program Options - Head Start programs are encouraged to consider several program options and to select the one best suited to meeting the individual needs of children. These program options, which include the standard five day center-based option, home-based services (with a weekly visit and a monthly group activity for parents and children), and variation in center attendance, allow the flexibility necessary to individualize services to children with disabilities and their families. Within each option, Head Start programs are encouraged to develop an IEP based on a professional's diagnosis and, with input from parents and the teacher, to respond to the child's unique needs and capabilities.

   The needs of the individual child are taken into account when services are planned at the IEP meeting. Some fragile children with disabilities are most appropriately served in a combination of home and center placements, for example, while some children receive the most appropriate services through dual placement in Head Start and a specialized agency program, such as United Cerebral Palsy or Easter Seal Societies. The great majority of Head Start's children with disabilities are

served in regular center-based programs on a full or part-time basis where they receive the important benefits of contact with other children.

8. Collaboration with Other Agencies - As part of the effort to strengthen and expand services to children with disabilities, Head Start programs are required to make every effort to work with other programs and agencies serving children with disabilities in order to mobilize and maximize the available resources and services. Interagency collaborative efforts have been undertaken in the areas of:

   - o outreach, recruitment, identification and referral assistance;
   - o screening, assessment and diagnosis;
   - o provision of treatment and support services; and
   - o training and technical assistance.

   Local Head Start programs are encouraged to participate in the implementation of P.L. 99-457, the 1986 Amendments to P.L. 94-142, the Education for All Handicapped Children Act. Head Start personnel have been working with local education agencies to ensure that the count of children who have been professionally diagnosed as disabled and who are receiving Head Start services is included in the State "Child Count" on which the allocation of Federal education for disability funds is based. A number of Head Start and RAP staff members serve on State Interagency Coordinating Councils which plan standards and procedures under P.L. 99-457. Head Start programs are also working with Statewide "Child Find" efforts in the search for unserved children with disabilities. Some Head Start programs are reimbursed by local school systems for providing services to preschool children with disabilities under the Education for All Handicapped Children Act and by other State and local funding auspices. Head Start actively pursues such arrangements.

The Administration for Children, Youth and Families encourages the development and implementation of interagency agreements between Head Start at the national and local levels and other Federal, regional, State, local, and professional agencies and organizations concerned with the education of young children with disabilities and their families. There were 48 agreements in effect between State Education Agencies and Head Start during the 1986-1987 program year, for example. They addressed such matters of mutual interest as screening, training, and the provision of transportation services.

9. Ten Percent Disabled Enrollment by State - Head Start's objective is to achieve at least a ten percent level of enrollment of children with disabilities in each State and to provide the special education and related services necessary to meet the children's needs. The ACYF Regional Offices work with individual Head Start grantees to determine enrollment targets, to strengthen recruitment strategies, to develop plans for providing services, and to conduct liaison activities with other community resources.

CHAPTER 2

Status of Children With Disabilities in Head Start

Section 640(d) of the Head Start Act requires that "the Secretary shall report to the Congress at least annually on the status of handicapped children in Head Start programs, including the number of children being served, their handicapping conditions, and the services being provided such children."

The data contained in this report were obtained through the Handicapped Services section of the Project Head Start 1986-1987 Annual Program Information Report (PIR). The PIR data were collected by the ACYF Regional Offices. The Program Information Report was mailed to all Head Start grantees and delegate agencies in May 1987. Head Start programs reported on the status of children with disabilities as of June 30, 1987, or the end of their program year.

The data in this report are based on responses from 1,892 Head Start full year programs. Almost all Head Start programs are full year programs that operate eight to twelve months of the year. Thirty-five Parent and Child Centers (designed to serve children from birth to three years of age and their families) were included in the 1986-1987 PIR survey.

The questionnaire gathered data in the following categories:

1. General - Number of both disabled and non-disabled children actually enrolled.

2. Staff - Number of programs with full or part-time coordinators of services for children with disabilities. Type of degrees or licenses held.

3. Enrollment of Children with Disabilities - Number of children with disabilities enrolled who were professionally diagnosed (reported by disabling conditions, multiple disabilities and age).

   Number of children with disabilities who were located by and referred to Head Start programs that were not able to be enrolled.

   Number of children professionally diagnosed who dropped out.

Number who underwent diagnosis and were found not to be disabled.

4. Services - Number of children with disabilities, by disabling condition, receiving services from Head Start and from other agencies.

   Agreements with other agencies to provide needed services to children with disabilities.

A. Number of Children with Disabilities Enrolled

It has been estimated that there are 250,000 Head Start eligible children with disabilities of preschool age three to five in the United States.* Although Head Start cannot meet the needs of all these children with disabilities, it is making a notable contribution. A Head Start experience is particularly valuable for those children with disabilities who need a comprehensive developmental experience in a mainstream setting that integrates disabled and non-disabled children. The number of children with disabilities enrolled in Head Start has increased since the data were first reported in 1973. In November-December 1973, Head Start programs were serving 22,807 children with disabilities or 10.1 percent of their enrollment. As of June 1987, Head Start programs reported that they had served 65,276 children with disabilities, or 12.7 percent of their enrollment during the 1986-1987 program year. All but a small fraction of these children are being fully integrated into the regular programs. This provides peer models and higher levels of cognitive, language, and social stimulation than self-contained programs offer.

Highlights:

- There were 65,276 children with disabilities served in Head Start programs in 1987. This represents an increase of 282 children over the 64,994 children with disabilities served in 1986. Children professionally diagnosed as disabled accounted for 12.7 percent of total actual enrollment in Head Start programs, a slight increase from the 12.5 percent in 1986.

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* The March 1986 Current Population survey conducted by the Bureau of Census reported that the number of children in poverty in the age group three to five is 2,500,000. Based on the estimated prevalence of children with disabilities used by the Office of Special Education Programs, U.S. Department of Education, it is estimated that 10 percent, or 250,000, of these children are disabled.

- Children professionally diagnosed as disabled accounted for at least 10 percent of all Head Start enrollment in each of the 50 States, except Alaska, with 9.5 percent.

- American Indian Programs, the Migrant programs, and Puerto Rico met the goal in 1987.

Head Start has exceeded the 10 percent enrollment level nationally with a 12.7 percent enrollment of children with disabilities in program year 1986-1987.

The District of Columbia did not meet an enrollment level of 10 percent, with only 7.4 percent. In addition, the Virgin Islands were below the 10 percent level, with 9.6 percent. During 1986-1987 a number of Pacific Territories elected to become independent of the United States. As a result, funding for the Head Start programs on Yap, Truk, Palau, Ponape, and the Commonwealth of the Mariana Islands was reduced in accordance with a phase-out plan. While the number of children enrolled decreased, the percent of children with disabilities remained high, 12.4 percent.

(Appendix C provides enrollment data for each state and territory, as well as for the Indian and Migrant programs.)

In the case of Alaska, the District of Columbia, and the Virgin Islands, which ss than ten percent disabled enrollment, efforts are being continued to increase the enrollment of children with disabilities. The ACYF Regional Offices are working with the Head Start programs in these areas to identify the reasons for the level of enrollment of children with disabilities and to devise specific strategies, such as increasing coordination of resources, for expanding enrollment of children with disabilities. Progress toward increasing enrollment in these areas will be reported in next year's annual report.

Each full year Head Start program served at least one child with disabilities. Table I indicates that services are provided for infants and toddlers as well as preschoolers. It reflects recognition of the importance of providing special assistance as early as possible. Of the 65,276 children with disabilities served by Head Start programs, 22.35 percent were three years of age, 65.1 percent were four years old, 12.2 percent were five years old, and about 0.35 percent were six years or older. (Head Start children six years of age or older are in communities where the children go directly from Head Start into first grade, predominantly in the southeastern States.)

TABLE I

AGES OF CHILDREN PROFESSIONALLY DIAGNOSED AS DISABLED

Ages	Numbers
Under 1 Year	184
1 Year Old	261
2 Years Old	495
3 Years Old	13,623
4 Years Old	42,506
5 Years Old	7,973
6 Years and Older	234

Data were collected on the dropout rate for children with disabilities for the fourth time in the 1986-1987 PIR. Of the total number of children with disabilities served in Head Start during the 1986-1987 operating year, 5,685 or 8.7 percent dropped out during the operating period. This is a substantially lower proportion than reflected for all children enrolled in Head Start in 1985-1986 when 14.8 percent of the total actual enrollment dropped out during the operating period. Further, of the total number of children who dropped out, 7.5 percent were children with disabilities; this is also substantially lower than the proportion of children with disabilities to the total actual enrollment (12.7 percent).

In each of the four years during which these data have been collected, the percentage of children with disabilities dropping out has been less than the percentage of dropouts for the total enrollment. This may indicate that the parents of the children with disabilities realize the importance of

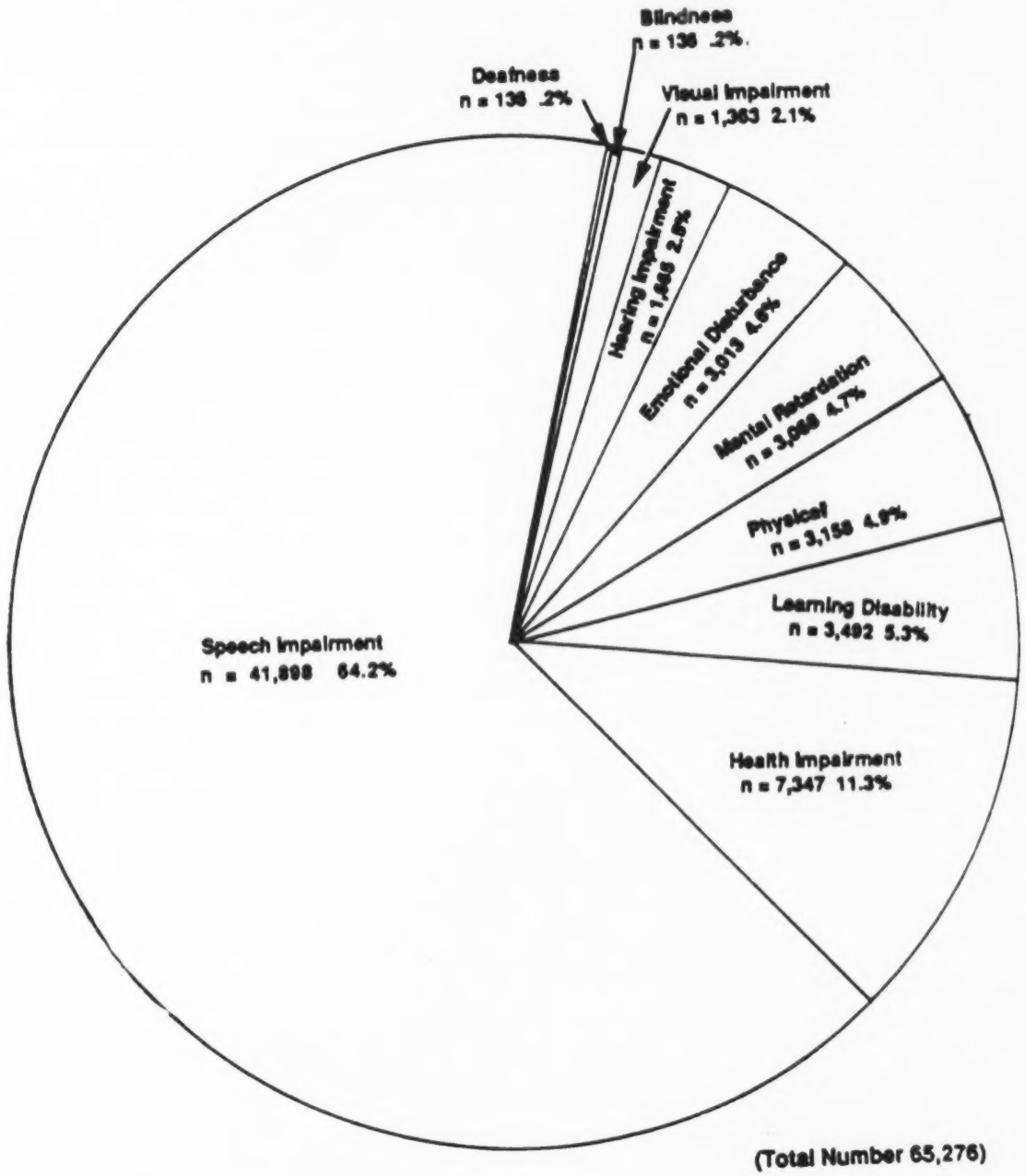
early services for their children and may be making a greater effort not to move the children during the program year. They may also consider the services beneficial to their children to a higher degree than do the parents of the non-disabled children. An absence of other service options may also be a large factor.

B. Types of Disabilities

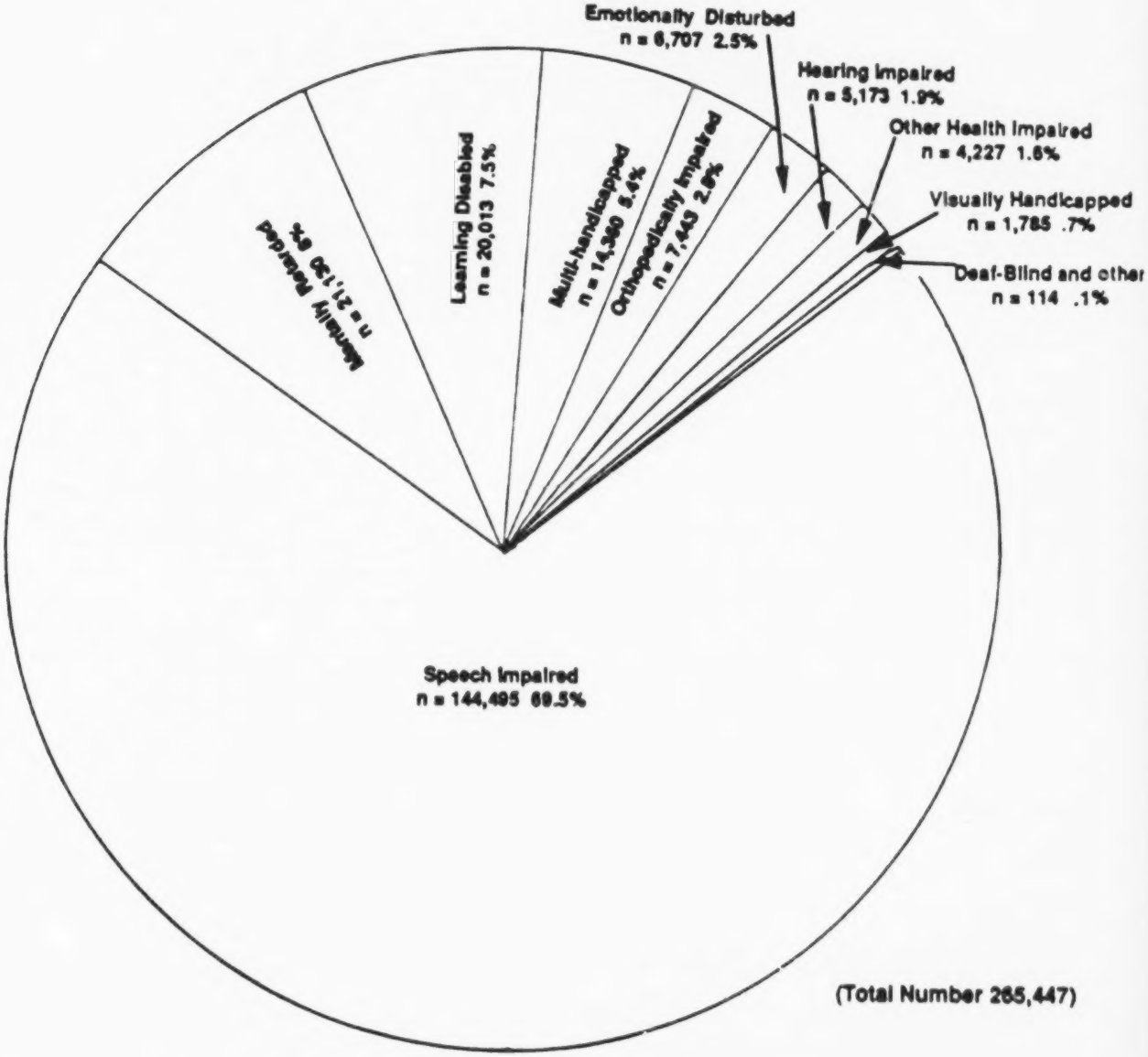
Head Start is mandated to serve children with a broad range of disabilities such as those who are mentally retarded, hard of hearing, deaf, speech impaired, visually disabled, seriously emotionally disturbed, orthopedically impaired, or other health impaired children, or children with specific learning disabilities who by reason thereof require special education and related services.

The types of disabling conditions of those children professionally diagnosed as disabled are presented in Table 2 and Figure 1 as a proportion of the total population of children with disabilities in Head Start programs in 1987. Of the children with disabilities enrolled in Head Start, 62.9 percent have been diagnosed as speech impaired. This is by far the largest category of children with disabilities served in Head Start programs. However, Head Start requires that all children be professionally diagnosed and a previously completed study on the speech impaired children determined that most of the children categorized as speech impaired in Head Start had been appropriately diagnosed. The State Education Agencies report an even higher proportion of speech impaired children in the preschool age range which they are serving under P.L. 94-142 (see Figure 2). Thus, the proportion of speech impaired children served by Head Start is consistent with the proportion of preschool children in the larger population served under P.L. 94-142 by public schools as well as with reports from other preschool programs. The ACYF maintained a focus on working with speech and language impaired children and also stressed the prevention of such impairment in the training and materials provided for Head Start programs in 1986-1987. The Resource Access Projects (RAPs) provided training sessions on language development, speech skills, and otitis media (middle ear infection, which is very prevalent among preschoolers and can adversely affect speech and language development). Additionally, a RAP Task Force was established to study ways to access related services, particularly speech and language therapy.

Primary or Most Disabling Condition of Children
With Disabilities Enrolled in
Full Yead Head Start - June 1987



Diagnostic Category of Children With Disabilities
Ages 3-5 Served Under P.L. 94-142 as Reported by
State Education Agencies
October 1987



Source: Data from the Office of Special Education, U.S. Department of Education. The data were reported by State Education Agencies as Child Count figures for 3-5 year old children served.

Note: The Visually Disabled category included blind children. Hearing impaired included deaf children.

TABLE 2
Types of Disabling Conditions of Children
Professionally Diagnosed as Disabled
Total Number and Percent
of Children Professionally Diagnosed

Disabling Condition	Number of Disabled Children	Percent Diagnosed as Disabled
Speech Impairment	41,898	64.2
Health Impairment	7,347	11.3
Specific Learning Disability	3,492	5.3
Physical Disability (Orthopedic)	3,158	4.8
Mental Retardation	3,068	4.7
Serious Emotional Disturbance	3,013	4.6
Hearing Impairment	1,665	2.6
Visual Impairment	1,363	2.1
Deafness	136	0.2
Blindness	136	0.2
Total	65,276	100.0

The distribution in the 1986-1987 program year was very similar to that reported in the previous year.

C. Severity of Disabilities

Head Start serves a significant proportion of children with severe or multiple disabilities. Such children present additional challenges to Head Start staff in the planning and provision of individualized plans. Head Start policy requires that the individual plan of action for special education, treatment, and related services be based on the child's specific disabling condition(s) and the unique needs arising from those conditions. A child with multiple disabilities is likely to need a variety of treatments and services. A deaf-blind child, for example, might need mobility skills training, auditory training for use of slight residual hearing, occupational therapy to develop small motor skills, and pre-Braille training. Head Start staff, in conjunction with other professionals and the child's family, have to set priorities and objectives, and have to tailor services for that child in order to provide a focused, systematic plan of action.

In 1987, 11,184 (17.1 percent) of the children with disabilities enrolled in Head Start programs had multiple disabling conditions. This is a slight decrease from the number and percent of multiple children with disabilities reported last year, i.e., 12,050 or (18.5 percent).

Compared to other disabling conditions, mentally retarded children (56.1 percent) and deaf children (63.2 percent) show the highest incidence of multiple disabilities and speech impaired children the lowest (8.9 percent). Table 3 provides specific data by primary disabling condition on the number of children who have multiple disabling conditions.

TABLE 3

Distribution of Children by Primary or Most Disabling Condition Who Have One or More Other Disabling Conditions

Primary Condition	Total Number of Children	Children With other Disabling Conditions	Percent With Multiple Disabling Conditions
Blindness	136	47	34.55
Visual Impairment	1,363	259	19.00
Deafness	136	86	63.23
Hearing Impairment	1,665	621	37.29
Physical Disability	3,158	995	31.50
Speech Impairment	41,898	3,732	8.90
Health Impairment	7,347	1,414	19.24
Mental Retardation	3,068	1,724	56.19
Emotional Disturbance	3,013	803	26.65
Learning Disability	3,492	1,503	43.04
Total	65,276	11,184	17.14

The Administration for Children, Youth and Families continues to pursue an active outreach and recruitment effort for enrolling and serving severely disabled children. The agency encourages sharing resources and joint enrollment with other programs and it encourages agreements between Head Start programs and local education agencies. Additional materials have been developed for use by the Resource Access Projects in training programs to work with more severely disabled children.

CHAPTER 3

Services to Children With Disabilities

In program year 1986-1987, local Head Start programs developed and carried out activities and services of direct and immediate benefit to children with disabilities. These activities and services started with the active recruitment of children with disabilities, particularly more severely disabled children, who might benefit from Head Start. Programs provided assessments and diagnoses to evaluate accurately the nature and severity of each child's disability in order to serve the child most effectively. Head Start programs continue to increase their own resources and other capabilities to meet the needs of the children with disabilities enrolled. In addition, the programs use other agencies as sources of special services. This chapter reports on the degree to which these activities and services are being performed and reports on the utilization of staff, facilities, and materials.

A. Outreach and Recruitment of Severely Disabled Children

Head Start programs reported these steps taken to enroll and serve more severely disabled children: Coordination with other agencies serving severely disabled children, sharing services with other agencies serving severely disabled children, and specific outreach and recruitment procedures aimed at recruiting severely disabled children. Programs reported that they held orientation sessions for local diagnosticians and provided them with special materials. Programs also reported making changes in recruitment and enrollment criteria.

Head Start programs and other agencies serving severely disabled children have come to recognize the roles of each in providing services. Generally, the Head Start program serves as the primary provider of mainstreamed learning experiences, while the other agencies provide some or all of the needed special services.

Reasons For Not Enrolling Some Children With Disabilities

About one-half of all Head Start programs reported that they were not able to enroll 3,355 children with disabilities located by or referred to them. In 1986, programs reported that tney were not able to enroll 4,022 children with disabilities. As in previous years, the most common reasons given were: The children did not fit the age requirements, other agencies serve these children, and there were no available openings.

B. Diagnosis and Assessment of Children With Disabilities

The Head Start statutory definition of children with disabilities excludes from reporting as disabled those children with correctable conditions who do not need special services, or children who will not require services additional to those which Head Start programs regularly provide.

In order to meet the legislated requirement for reporting, to identify the needed special education and related services, and, more importantly, to ensure that children who are considered disabled are not mislabeled or misdiagnosed, Head Start requires that each child reported as disabled be diagnosed by appropriate professionals. At the time of data collection, all of the 65,276 children reported as disabled had been diagnosed by qualified professionals. This includes children referred to Head Start by other agencies or individuals and diagnosed prior to Head Start enrollment. In the 1986-1987 program year, 37 percent had either been diagnosed and referred to Head Start by other agencies or individuals outside Head Start or diagnosed by Head Start prior to the start of program services in the fall. Enrolling children who have already been diagnosed by other agencies is a cost-saving procedure which encourages prompt provision of services.

Of the children who were not referred with a diagnosis but diagnosed through Head Start efforts, more than half (57 percent) of the total children with disabilities were diagnosed between the time of enrollment in Head Start and January 31, 1987. Of the remainder, 21.3 percent were diagnosed prior to enrollment in Head Start and 21.7 percent were diagnosed between February 1, 1987 and the end of the operating period for the programs. In addition to the 65,276 children diagnosed as disabled, Head Start provided assessment for another 20,637 children who had failed screening or been referred, but were found to be not disabled.

In some communities, the Head Start program was the only source of diagnosis for preschool children with disabilities; in others, the Head Start program supplemented existing diagnostic services. In some situations, Head Start purchased needed services from private or public sources.

Head Start programs are encouraged to work with other agencies and private diagnostic providers and to use the following strategy for each child suspected of being disabled:

Step 1: An interdisciplinary diagnostic team (or an appropriate professional qualified to diagnose the specific disability) makes both a categorical diagnosis and a functional assessment. Head Start diagnostic criteria (see Appendix A) are used to make a categorical diagnosis. The categorical diagnosis is used primarily for reporting purposes and for overall program planning. The categorical diagnosis is consistent with procedures Head Start programs must follow to ensure confidentiality and to guard against mislabeling. No individual child is identified publicly as "disabled." Only the aggregated numbers of children with specific disabling conditions are reported by local Head Start programs to ACYF.

Step 2: The diagnostic team also develops a functional assessment of the child. The functional assessment is a developmental profile that describes what the child can and cannot do and identifies areas that require special education and related services. The primary purpose of diagnosis is the functional assessment. The parents and child's teacher should be active participants in the functional assessment and contributors to the diagnostic file.

Step 3: An Individual Education Program (IEP) is developed based on the functional assessment and becomes part of the diagnostic file. The plan reflects the child's participation in the full range of Head Start comprehensive services and also describes the special education and related services needed to respond to the child's disability. The plan spells out classroom activities, involvement of parents, and special services provided by Head Start or other agencies. The plan is developed in concert with the diagnostic team, the parents, and the child's teacher.

Step 4: Ongoing Assessment of the child's program is made by the Head Start teacher, the parents, and, as needed, by the diagnostic team. The IEP and the delivery of services are modified, if needed, based on this periodic evaluation.

Step 5: The Head Start program makes appropriate arrangements for continuity of services when the child leaves the program. This may include (1) updating the assessment information with the development of recommendations for future treatment; (2) conducting an exit interview with parents, schools, and other agencies describing the services rendered to and needed by the child; and (3) transferring of files, with parental consent. The public school is the primary agency responsible for following up to ensure continuity of services after the child leaves the Head Start program.

Staff interchange between Head Start programs and outside diagnostic providers to form a combined diagnostic team, with close and continuing involvement of the parents, appears to be the best way to ensure that the above strategy of diagnosis and assessment is implemented. Because many Head Start programs do not have all of the necessary staff expertise in this area, a working relationship with various other diagnostic providers in the community facilitates a comprehensive approach to assessment.

C. Mainstreaming and Special Services

In mainstreaming children with disabilities before the age of five, Head Start has built on accepted principles of the importance of the early years in all aspects of a child's development. All children share the same basic needs for love, acceptance, praise, and a feeling of self-worth. All developmental early childhood programs address themselves to the child's individual strengths, weaknesses, mode of learning, and special problems. Head Start attempts to meet these needs through a carefully sequenced educational component and a network of supporting services--medical, dental, nutritional, mental health, social services, and parent participation--tailored to the specific capabilities of each child. In addition, children with disabilities are to receive special education, therapy, or other services, either within the Head Start program or as provided by other agencies. Parents of these children with disabilities also receive training, counseling, and support services.

Mainstreaming - By functioning in an integrated group during the early years, the child with disabilities can learn the ways of the world and some of the problems to be faced. Being with non-disabled children at an early age fosters social interaction and motivates children with disabilities to participate more actively with others. As a result of these experiences, the child will begin to develop a sense of control over his or her own life and an ability to function among other people in spite of the disability.

Preschool programs which integrate children with disabilities give them a chance to play and learn with children who will someday be their co-workers, friends, and neighbors. Both groups benefit most from being together on a regular basis during the years when their attitudes and perceptions of themselves and others are most pliable. The non-disabled child will gain a greater understanding of the range of human differences and will learn to enjoy being with other children who manifest different characteristics and capabilities.

A two year evaluation of mainstreaming in Head Start, conducted for ACYF*, indicated that mainstreaming in Head Start has been generally successful and has involved nearly all children with disabilities in Head Start. The study found that large amounts of time spent in a mainstream situation were positively related to developmental gains and increased positive social interaction by Head Start children with disabilities.

Mainstreaming is in the best interests of a large proportion of children with disabilities. There are, of course, some children who, at least initially, may do better in a home-based program. For example, some children may have

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* Applied Management Sciences (AMS), an independent research firm, completed an evaluation of mainstreaming in Head Start in February 1979. The evaluation reports are available through the Educational Resources Information Center (ERIC) system. These reports are available for purchase from Computer Microfilm International Corp., ERIC Document Reproduction Service, P.O. Box 190, Arlington, Virginia 22210 (Telephone: 703-841-1212). The order numbers are ED 168-236 through 240, ED 168-291, ED 176-433, and ED 177-803.

initial difficulty in adjusting to a center-based Head Start experience. A home-based option can provide the necessary bridge between the family and the non-disabled peer group. Others benefit from a flexible approach and may spend part of the week in a special program and part in a mainstream program. Children with disabilities are not over-represented in home-based programs, as Head Start policy requires that the child with disabilities be placed in an integrated classroom setting as soon as appropriate.

Head Start continues to be the largest program that includes preschool children with disabilities in group experiences with non-disabled children on a systematic basis. In 1987, all Head Start programs had mainstreamed at least one child with disabilities.

Special Services - Children with disabilities have special needs which require special services. They may also require special equipment, materials, or modification of existing facilities. The special services required may be provided through Head Start, through outside agencies, or through a combination of both. Table 4 reports comparative levels for special services provided to children with disabilities and their parents in 1985, 1986 and 1987 by reporting Head Start programs.

TABLE 4

Three Year Comparison of Special Services Provided to Children With Disabilities Enrolled in Full Year Reporting Head Start Programs

Services Provided	1985	1986	1987
Total number of children who are receiving special education or related services from Head Start staff	58,250	62,255	65,276
Total number of children who are receiving special services from other agencies	42,016	38,312	39,623
Total number of parents receiving special services from Head Start related to their child's disability	43,583	36,965	36,861

Special Services Provided by Head Start and Other Agencies

Head Start programs provide many special education and related services to children with disabilities. Head Start also provides services for children with disabilities in their programs through other agencies. These services include individualized instruction; psychological and physical therapy; medical or psychological diagnosis; evaluation or testing; individualized teaching techniques; speech therapy and language stimulation; transportation; education in diet, food, health and nutrition; assistance in obtaining special services included in the IEP; special teaching equipment; psychotherapy, counseling and behavioral management; medical treatment; special equipment for children; physiotherapy; and occupational therapy.

TABLE 5

Children Receiving Special Education or Related Services From Head Start Only, Other Agencies Only or Both

Primary Disabling Condition	Head Start Only	Other Agencies Only	Both Head Start and Other Agencies
Blindness	18	3	112
Visual Impairment	438	120	764
Deafness	17	7	107
Hearing Impairment	392	83	1,146
Physical Disability	764	184	2,116
Speech Impairment	18,523	1,642	21,050
Health Impairment	2,346	546	4,104
Mental Retardation	938	83	2,000
Emotional Disturbance	1,000	210	1,765
Learning Disability	1,207	94	2,138
Total	24,436 (39.3%)	2,972 (4.5%)	35,302 (54.7%)

As indicated in Table 5, 39.3 percent of the children with disabilities served received special education or related services from Head Start only; 4.5 percent received such services from another agency only; and 54 percent received special services to help overcome the disability from both Head Start and another agency. In the 1985-1986 program year, 54.7 percent of the children received special education or related services from both Head Start and other agencies. While the percent of children receiving services from other agencies declined very slightly, it is significant that more than half of the children with disabilities enrolled were receiving services from other agencies as well as from the Head Start programs which enrolled them. This level of coordination represents considerable attention devoted to arranging for cooperative efforts.

Special Services Provided to Parents of Children With Disabilities by Head Start

Head Start programs offer special services to all parents of children with disabilities in addition to the services offered all parents, such as the opportunity to observe and participate in the program and the opportunity to serve on the Policy Council. Each year most of the parents of children with disabilities have accepted and used special services designed to help them understand their children's special problems and the effects of the disability on development and learning. These services include: Referrals to other agencies, counseling, conferences with technical staff and other meetings, literature or special teaching equipment, visits to homes and hospitals, transportation, parent meetings, assistance in securing medical services, workshops on school services, special classes, and other services.

Coordination of Special Services - High quality services for children with disabilities require the cooperation of staff in each of the Head Start program components--education, health, social services, and parent involvement. In order to assure coordination, Head Start has recommended that a coordinator of services for children with disabilities be designated on a full- or part-time basis. In 1987, 96.6 percent of the Head Start programs had a coordinator of services for children with disabilities. Over a third (37 percent) of these programs reported a full-time coordinator. About half (48.5 percent) reported a part-time coordinator and 14.3 percent indicated that as a delegate agency they were served by a disabled coordinator at the grantee level. Of the 1,865 programs reporting in 1987, 89.1 percent had a

coordinator with a degree or license: 17 percent in early childhood/special education; 13 percent in special education; 10.4 percent in psychology; 6.5 percent in speech pathology/audiology; and 62 percent in some other area, including nursing, psychology and social work. A number had degrees in more than one specialty area.

Resource Access Projects (RAPs) Head Start's commitment to individualization for all children, including those with disabilities, has provided the basis for integrating children with disabilities in a setting with non-disabled youngsters. Head Start's effort to serve children with disabilities, including those with severe disabilities, has placed an increased responsibility on grantees to locate and provide specialized services and staff training. In support of the Head Start mainstreaming movement, the Head Start Bureau of ACYF has established a network of ten Resource Access Projects (RAPs) to serve Head Start programs in each ACYF Region throughout the nation. In 1986, the ten RAPs began providing services to Migrant grantees. Since 1986, Indian programs in five western States have received technical assistance and training from the American Indian Program Branch Resource Center, which provides assistance in serving non-disabled children.

During the 1986-1987 program year, RAPs gave added priority to establishing working relationships with many kinds of State, local and regional organizations and agencies, and to fostering jointly planned training conferences. It is the responsibility of each RAP to assist Head Start in working with children with disabilities. Activities performed by each RAP are based on annual assessments of grantee needs and include the following:

- identifying local, regional and national resources;
- determining local Head Start needs and matching these needs with available resources;
- coordinating the delivery of services to Head Start programs;
- providing training and technical assistance;
- promoting and facilitating collaborative efforts and interagency agreements between Head Start and other agencies; and
- providing resource materials to Head Start grantees.

Additionally, the RAPs have responsibility for providing training, including the use of the eight resource manuals in the series Mainstreaming Preschoolers. The manuals focus on mainstreaming in Head Start and spell out techniques that can be used by teachers and parents in working with children with disabilities. The RAPs are responsible for conducting a minimum of one workshop per State each year and have been designated as the primary mechanism for dissemination of the Mainstreaming Preschoolers series.

In 1985-1986, the RAPs conducted 525 training events for 29,232 persons including teachers, teacher aides, and other personnel. Approximately 84 percent of those attending the training events were Head Start teaching staff. This information was obtained through a special evaluation contract which was awarded to assess the performance of the RAPs. While a similar contract was not in effect for the 1986-1987 program year and the same level of specificity of information is not available, progress reports indicate a comparably high level of productivity. Participants indicated they learned new skills for working with children with disabilities and learned to work more comfortably with disabled children. They anticipated that they would do specific things differently as a result of the training events (e.g., closer observation of children with disabilities and use of new materials and resources to work with children with disabilities in the classroom).

Evaluations by participants have shown that these conferences were very successful. Teachers and other Head Start staff members, including aides, directors, component coordinators, parents, and support staff have consistently indicated that they have benefited greatly from the training.

The RAP training and the Mainstreaming Preschoolers manuals not only have been widely acclaimed throughout the Head Start community, but have also achieved recognition far beyond the Head Start programs for which they were primarily intended. The manuals have been sent to other Federal agencies, national professional associations, volunteer organizations that provide services to children with disabilities, and State Education Agencies. They are also being used in public schools, day care programs, universities and other organizations. The series has been shared with foreign governments as well.

A list of the ten RAPs and the American Indian Programs Branch Resource Center is provided in Appendix B.

D. Coordination With Other Agencies

Other major foci of the RAPs include promoting collaboration between Head Start and other programs and agencies serving children with disabilities and facilitating the inclusion of Head Start in the State plans for serving children with disabilities as supported under P.L. 99-457. In 1974, an interagency agreement between ACYF and the Office of Special Education Programs in the Department of Education designated the RAPs as liaison between Head Start and the State Education Agencies (SEAs). The RAPs have been facilitating the participation of Head Start grantees in the development or updating of the State plans for preschool children with disabilities which are supported under P.L. 94-142. Formal collaborative agreements describing how Head Start and SEAs will coordinate services to preschool children with disabilities are now in place in 48 States or territories. Four new or updated written agreements were signed during the 1986-1987 program year between Head Start and the State Education Agencies in Nebraska, Massachusetts, Missouri and the Virgin Islands. Two agreements became outdated, and revised agreements are being pursued.

Local level agreements are also important to enabling Head Start to serve children with disabilities. About 97 percent of the programs reported having written or informal agreements with local education agencies (LEAs), or other agencies, regarding services for children with disabilities. A total of 1,536 Head Start programs (82.7 percent) had written or informal agreements with LEAs regarding services to be provided to children with disabilities in Head Start. A total of 1,510 (81.3 percent) of the Head Start programs had such written or informal agreements with agencies other than LEAs. Head Start uses cooperative arrangements widely at the local level, often receiving valuable assistance such as resource teachers, related services, and training.

Agreements with local education agencies can play an important role in facilitating the transition of Head Start children into the public schools. The agreements cover areas of mutual interest and concern including Child Find, screening, training, transportation, participation in IEP preparation, and sharing of specialists.

The results of Head Start programs' work with children with disabilities and their families show sustained commitment to providing appropriate services to meet the dual needs caused by economic disadvantage and disabling conditions. During the 1986-1987 program year, the Head Start program continued

to be a model for the nation in integrating disabled and non-disabled children in a developmental program with education; health (medical, dental, nutrition, and mental health); social services; and active parent participation. In addition, the Head Start program demonstrated community involvement on a broad scale by working closely with public schools and other agencies with common concerns for children and families with special needs.

APPENDIX A

Diagnostic Criteria for Reporting Children With Disabilities in Head Start

All children reported in the following categories* must have been diagnosed by the appropriate professionals who work with children with these conditions and have certification and/or licensure to make these diagnoses. These professionals must take into consideration the cultural and/or ethnic characteristics of the Head Start children.

To be counted as disabled in Head Start, children must meet two criteria. They must have one of the following disabling conditions (by professional diagnosis) and, by reason thereof, require special education and related services.

Blindness - A child shall be reported as blind when any of the following exists: (a) the child is sightless or has such limited vision that he/she must rely on hearing and touch as his/her chief means of learning; (b) a determination of legal blindness in the State of residence has been made; (c) central acuity does not exceed 20/200 in the better eye, with correcting lenses, or whose visual acuity is greater than 20/200, but is accompanied by a limitation in the field of vision such that the widest diameter of the visual field subtends an angle of no greater than 20 degrees.

Visual Impairment (Disability) - A child who is not blind shall be reported as visually impaired if: (a) central acuity, with corrective lenses, does not exceed 20/70 in either eye; (b) visual acuity is greater than 20/70, but is accompanied by a limitation in the field of vision such that the widest diameter of visual field subtends an angle of no greater than 140 degrees or he/she suffers any other loss of visual function that will restrict learning processes, e.g., faulty muscular action. Not to be included in this category are persons whose vision with eyeglasses is normal or nearly so.

Deafness - A child shall be reported as deaf when any one of the following exists: (a) his/her hearing is extremely defective so as to be essentially non-functional for the ordinary purposes of life; (b) hearing loss is greater than 92 decibels (ANSI 1969) in the better ear; (c) legal determination of deafness has been made in the State of residence.

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* Multiple Disabilities: Children will be reported as having multiple disabilities when, in addition to their primary or most disabling disabilities, one or more other disabling conditions are present.

Hearing Impairment (Disability) - A child shall be reported as hearing impaired when any one of the following exists: (a) the child has slightly to severely defective hearing, as determined by his/her ability to use residual hearing in daily life, sometimes with the use of a hearing aid; (b) the child has hearing loss from 26-92 decibels (ANSI 1969) in the better ear.

Physical Disability (Orthopedic Disability) - A child shall be reported as crippled or with an orthopedic disability who has a condition which prohibits or impedes normal development of gross or fine motor abilities. Such functioning is impaired as a result of conditions associated with congenital anomalies, accidents, or diseases; these conditions include, for example, spina bifida, loss of or deformed limbs, burns which cause contractures, and cerebral palsy.

Speech Impairment (Communication Disorder) - A child shall be reported as speech impaired with such identifiable disorders as receptive and/or expressive language impairment, stuttering, chronic voice disorders, and serious articulation problems affecting social, emotional and/or educational achievements; or speech and language disorders accompanying conditions of hearing loss, cleft palate, cerebral palsy, mental retardation, emotional disturbance, multiple disabling conditions, and other sensory and health impairments. This category excludes conditions of a transitional nature consequent to the early developmental processes of the child.

Health Impairment - The impairments refer to illness of a chronic nature or with prolonged convalescence including, but not limited to, epilepsy, severe asthma, severe cardiac conditions, severe allergies, blood disorders (e.g., sickle cell disease, hemophilia, leukemia), diabetes, neurological disorders, or autism.

Mental Retardation - A child shall be considered mentally retarded who, during the early developmental period, exhibits significant sub-average intellectual functioning accompanied by impairment in adaptive behavior. In any determination of intellectual functioning using standardized tests that lack adequate norms for all racial/ethnic groups at the preschool age, adequate consideration should be given to cultural influences as well as age and developmental level (i.e., finding of a low I.Q. is never by itself sufficient to make the diagnosis of mental retardation).

Serious Emotional Disturbance - A child shall be considered seriously emotionally disturbed who is identified by professionally qualified personnel (psychologist or psychiatrist) as requiring special services. This definition would include, but not be limited to, conditions that indicate the child is: Dangerously aggressive towards others, self-destructive, severely withdrawn and non-communicative, hyperactive to the extent that it affects adaptive behavior, severely anxious, depressed or phobic, or psychotic.

Special Learning Disabilities - These disabilities refer to a disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, which may manifest itself in imperfect ability to listen, think, speak, read, write, spell or do mathematical calculations. Such disorders include such conditions as perceptual disabilities, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia. Not included are learning problems which are primarily the result of visual, hearing, or motor disabilities, of mental retardation, of emotional disturbance, or of environmental disadvantage. For preschool children, precursor functions to understanding and using language, spoken or written, and computational or reasoning abilities are included. (Professionals considered qualified to make this diagnosis are physicians and psychologists with evidence of special training in the diagnosis of learning disabilities and special educators with at least Master's degrees and evidence of special training in the diagnosis of learning disabilities.)

APPENDIX B

Resource Access Project Network

DHHS Region	States Served	Resource Access Project (RAP)
I	Connecticut Maine Massachusetts New Hampshire Rhode Island Vermont	Education Development Center, Inc. 55 Chapel Street Newton, Massachusetts 02160
II	New Jersey New York Puerto Rico Virgin Islands	New York University School of Continuing Education 48 Cooper Square, Room 103 New York, New York 10012
III	Delaware District of Columbia Maryland Pennsylvania Virginia West Virginia	University of Maryland University College University Boulevard at Adelphi Rd Hyattsville, Maryland 20742
IV	Florida Georgia North Carolina South Carolina Alabama Kentucky Tennessee	Chapel Hill Training-Outreach Project Lincoln Center Merritt Mill Road Chapel Hill, North Carolina 27514
	Mississippi	(subcontract) Friends of Children Head Start 119 Mayes Street Jackson, Mississippi 39213
V	Illinois Indiana Ohio	University of Illinois Colonel Wolfe School 403 East Healey Campaign, Illinois 61820
	Michigan Minnesota Wisconsin	(subcontract) Portage Project 626 East Slifer Street Portage, Wisconsin 53901

HHS Region	States Served	Resource Access Project (RAP)
VI	Arkansas Louisiana New Mexico Oklahoma Texas	Texas Tech University Special Project Division P.O. Box 4170 Lubbock, Texas 79409
VII	Iowa Kansas Missouri Nebraska	University of Kansas Medical Center Children's Rehabilitation Unit 26 Kansas City, Kansas 66103
VIII	Colorado Montana North Dakota South Dakota Utah Wyoming	Greenlee Metro Lab School Metropolitan State College 1200 Larimer Street, Campus Box 106 Denver, Colorado 80204
IX	Arizona California Hawaii Trust Territories of the Pacific	Southwest Human Development 1366 East Thomas Rd. Phoenix, Arizona 85014
X	Idaho Oregon Washington Alaska	Portland State University Division of Continuing Education P.O. Box 1491 Portland, Oregon 97207
American Indian Programs:		Resource Center
	Arizona Colorado Montana Nevada New Mexico North Dakota Oklahoma South Dakota Utah Wyoming	Three Feathers Associates P.O. Box 5508 Norman, Oklahoma 73070

APPENDIX C

Survey Results of Children With Disabilities in Head Start by State * (or Geographical Entity)

Full Year 1986-1987

State (or Geographical Entity)	Number of Grantees and Delegate Agencies Responding	Total Number of Children Enrolled	Number of Children Professionally Diagnosed as Disabled Through End of Operating Year	Percent of Enrollment Professionally Diagnosed as Disabled Through End of Operating Year
Alabama	38	10,316	1,133	10.98
Alaska	6	1,087	103	9.48
Arizona	21	4,199	447	10.65
Arkansas	20	6,890	929	13.48
California	144	43,882	4,537	10.34
Colorado	25	5,683	626	11.02
Connecticut	30	4,863	595	12.24
Delaware	5	1053	142	13.49
District of Columbia	8	2,031	151	7.43
Florida	39	13,947	1,628	11.67
Georgia	42	11,943	1,433	12.00
Hawaii	5	1,565	196	12.52
Idaho	8	1,379	292	21.17
Illinois	83	26,191	2,877	10.98
Indiana	40	8,036	1,309	16.29

* State data exclude Migrant and Indian Programs.

APPENDIX C (Continued)

Survey Results of Children With Disabilities
in Head Start by State *
(or Geographical Entity)

Full Year 1986-1987

State (or Geographical Entity)	Number of Grantees and Delegate Agencies Responding	Total Number of Children Enrolled	Number of Children Professionally Diagnosed as Disabled Through End of Operating Year	Percent of Enrollment Professionally Diagnosed as Disabled Through End of Operating Year
Iowa	21	4,208	672	15.97
Kansas	23	3,848	599	15.57
Kentucky	49	11,766	1,412	12.00
Louisiana	44	11,404	1,422	12.47
Maine	13	2,447	419	17.12
Maryland	31	6,446	877	13.61
Massachusetts	35	8,713	1,404	16.11
Michigan	88	22,787	2,633	11.55
Minnesota	27	5,459	689	12.62
Mississippi	22	28,875	2,989	10.35
Missouri	23	10,345	1,628	15.74
Montana	9	1,387	173	12.47
Nebraska	16	2,390	329	13.77
Nevada	4	691	78	11.29
New Hampshire	6	813	125	15.30
New Jersey	36	10,480	1,346	12.84
New Mexico	24	4,188	532	12.70
New York	154	29,932	3,864	12.91
North Carolina	44	1,414	1,662	14.56
North Dakota	8	795	101	12.70
Ohio	80	25,382	3,894	15.34
Oklahoma	25	8,608	1,244	14.45
Oregon	22	3,435	586	17.06
Pennsylvania	67	18,624	2,981	16.01
Rhode Island	8	1,567	213	13.59
South Carolina	16	7,034	798	11.34

* State data exclude Migrant and Indian Programs.

APPENDIX C (Continued)

Survey Results of Children With Disabilities
in Head Start by State *
(or Geographical Entity)

Full Year 1986-1987

State (or Geographical Entity)	Number of Grantees and Delegate Agencies Responding	Total Number of Children Enrolled	Number of Children Professionally Diagnosed as Disabled Through End of Operating Year	Percent of Enrollment Professionally Diagnosed as Disabled Through End of Operating Year
South Dakota	7	1,236	150	12.14
Tennessee	29	9,890	1,401	14.17
Texas	87	26,050	2,889	11.09
Utah	12	2,474	293	11.84
Vermont	7	1,064	136	12.78
Virginia	40	6,848	944	13.79
Washington	12	5,108	754	14.76
West Virginia	29	4,580	814	17.77
Wisconsin	37	8,158	932	11.42
Wyoming	5	835	131	15.69
Puerto Rico	35	20,913	2,426	11.60
Virgin Islands	1	1,172	113	9.64
Pacific Territories **	9	5,150	640	12.43
Subtotal by State		479,581	60,691	12.65
Indian Programs	106	15,162	2,359	15.56
Migrant Programs	67	20,262	2,226	10.99
TOTAL	1,892	515,005	65,276	12.66

* State data exclude Migrant and Indian Programs.

** Includes Head Start Program in the Commonwealth of Northern Mariana Islands, Palau, Ponape, Truk, Guam, American Samoa and Yap.